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ABSTRACT

The booklet covers information on sex education for handicapped students. Program organization topics include gathering background data, determining the specific population, involving parents, determining the curriculum, selecting materials, making staffing decisions, and providing ample teaching time. A curriculum outline lists eight subject areas for a sex education program. Implementation factors addressed are student groupings, methods of presentation, teaching hints, and intent of the program (teaching about, rather than how). The booklet concludes with a list of books, printed materials, audiovisual materials, and community resources on the topic. (CL)

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ORGANIZING AND IMPLEMENTING SEX EDUCATION PROGRAMS FOR STUDENTS WITH HANDICAPPING CONDITIONS

Susan J. Grosse

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Attitudes of many individuals and agencies have changed dramatically toward persons possessing handicapping conditions of all types and severities. In no areas are these changes more evident than in matters related to sex, sex education and human sexuality.

Until only recently these topics were considered neither appropriate nor necessary for persons with handicapping conditions. Over the last few years recognition has been given to sexuality of and interest in sexual matters by persons with handicapping conditions.

Basically interests and needs of persons with handicapping conditions in matters of sexuality are little if any different from interests and needs of abled-bodied persons. Specifics of each individual's condition can create unique and different ways in which this vital aspect of personal functioning is fulfilled. These differences however, are simply manifestations of different types of differences which confront everyone in expressing his/her own sexuality.

Review of literature, materials, and resources for sex education programs and activities involving persons with handicapping conditions indicates that emphasis has been on adults, especially those with physical and orthopedic conditions. To some extent greater attention has been given to developing and providing literature, materials, and resources in these areas for mentally retarded populations. While subject matter for sex education programs is little if any different regardless of populations, persons responsible for organizing and implementing sex education programs for school age populations constantly seek assistance, especially methods and materials appropriate for their students.

Sue Grosse shares from her knowledge and experience in providing sex education programs for students at Frederick J. Gaenslen School (Milwaukee, Wisconsin). Most students at Gaenslen School possess multiple conditions including physical and orthopedic impairments and mental retardation. Increasingly these students are considered severely and profoundly involved.

Contents of this Practical Pointer are appropriate for and applicable to students in integrated or segregated classes and settings. Ideally these procedures and approaches can and should be incorporated into existing health education programs and activities. To the end of happier, healthier, and fuller lives by all individuals with handicapping conditions this Practical Pointer is dedicated. For her efforts in sharing and making this material available, thanks, appreciation, and well done are extended to Sue Grosse.

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Introduction

From the day a person is born each is either a he or a she, depending on how nature paired chromosomes. Our genders are constantly with us. Though there has been considerable relaxation in roles society expects of he's and she's, some specific behaviors can be ascribed to each gender. Despite the fact that gender--sexuality--is a lifetime role, it often receives little attention in educational settings. Sexuality is handled with care by some parents and neglected by others. Religious organizations vary in stances from unyieldingly strict to total uninvolvedness. Societal attitudes and behaviors about sex are as varied as those of its individual members. Individuals with handicapping conditions are sexual beings who are exposed to the same societal attitudes and behaviors about sex as their able-bodied peers. In fact, as a group individuals with handicapping conditions have probably had fewer opportunities than their able-bodied peers to obtain guidance in developing their sexual selves.

Many individuals with specific educational needs in academic areas also have special needs in the area of sex education. Perhaps, because of limitations in mental and/or physical abilities these needs are greater than for able-bodied individuals. Often individuals with least in mental or social skills for coping with sexuality have greatest potential for getting into difficulties in their environments.

At this point a distinction must be made between special sex education and sex education for special populations. It is not sex education that is special. Sex education is sex education, just as reading is reading and math is math. Subject matter is a constant. Populations are special, special in need for different teaching techniques, perhaps additional resources, or increased structure of lessons, but not necessarily special in content. For example conception occurs when sperm and egg cells unite, regardless of populations or ways in which related intercourse is performed. However, methods of learning about conception may vary considerably based upon learning needs of individual students. Some students who are mentally retarded may not be able to participate in established sex education programs because these individuals are in special classes, special schools or in special living situations. Staffs working with these groups are then faced with the task of developing sex education programs specifically for these groups.

Because sex education is of great concern to many individuals--either out of positive desires for good programs or negative concerns that schools should not become involved at all in this area--sex education programs must be extremely well thought out and structured. Using needs of individual students as guides, program content must be specifically defined and presentations developed with clarity and sensitivity. Such programs should be growth experiences for all involved--this Practical Pointer is designed with that purpose in mind. This Practical Pointer is not meant to explain content areas but rather to help teachers and/or administrators organize and implement sex education programs for their students with handicapping conditions.

What is Sex Education?

Actually the term sex education is a misnomer. In reality we are talking about education for sexuality--educating each student to fulfill the potential

of his/her sexuality. Sexuality includes each individual having his/her own set of biological functions, emotions, attitudes, needs, desires, physical characteristics, abilities, strengths, weaknesses, and growth environments. Sexuality is what we are as boy or girl, man or woman at any given point in time. We are sexual beings from the day we are born. Sexuality changes from day to day, hour to hour, minute to minute depending on circumstances in which we find ourselves and decisions we make in living our lives. Sexuality is an intrinsic part of our personalities--it helps make each person uniquely him/herself.

Sex education does include information about anatomy and physiology of male and female reproductive systems, about menstruation and conception; but it is more. It includes factual information, ideas, and the collective opinions of society along with individual attitudes and beliefs. Sex education is not only learning facts but also establishing beliefs about ourselves, our relationships, our environments, and our functioning in society as boys and girls, men and women. And though we think learning can be measured by standard classroom techniques, the actual test of how much one learns in sex education classes is how he/she lives his/her life. Teaching is for a lifetime, for what one is as a sexual being is with him/her for life. While changes may occur with time and experience, one is never apart from his/her sexuality.

Who are the Students?

Sexuality education begins almost the minute a child is born. Placing boy babies in blue blankets and girl babies in pink blankets are first steps in sex education! Girls in frilly dresses and playing with dolls, and boys in jeans and playing with trucks have been standard behavioral stereotypical expectations of young children. Contemporary society is moving away from stereotypes like these, but whatever a young child does contributes to his/her sexuality. We are not going to explore all subtle influences society has on sexuality of growing children, but concentrate on what the educational part of society can do to improve sexuality of a child during his/her school age years.

Special populations refer to anyone with exceptional education needs due to mental, physical, sensory, emotional, and/or learning impairments. One particular characteristic of these populations is often lack of experiences or opportunities for personal expressions, especially in areas such as human sexuality. Parents may not feel a child needs to know or is ready to be concerned with matters related to sex. Though the street is certainly not the best place for children to learn about sexuality, it is still the place where a great deal of information is exchanged--some accurate, some not. Children with handicapping conditions by and large have not had peer group experiences that help them gain information about sexuality. In fact many may not even have awareness of themselves as sexual persons!

Lack of awareness and information does not stop a person's physical functioning. Many persons falsely assume that because an individual is mentally retarded, or because of a physical impairment or orthopedic condition, he/she is not interested in, does not need to know about, or will not be able to function as a sexual being. Such is not the case. Persons in special populations--any special population--have the same basic physiological needs as their able-bodied peers. What differs may be rate of physiological development--many females with certain physical or orthopedic conditions reach puberty earlier than able-bodied peers--emotional maturity to handle new physical

sensations, social awareness to deal with adult social involvements, interest or lack of it in members of the opposite sex, and/or developing appropriate behavior patterns. These are learned behaviors for which opportunities must present themselves if learning is to take place. When individuals have special educational needs, people responsible for meeting these needs must provide appropriate learning experiences.

Though this Practical Pointer is written primarily for personnel in school settings it can be used by leaders of church groups, private and public agencies, nursing homes, and parent groups. Ideally children should receive education for sexuality at home and possible at school. However this does not occur in many homes and schools. Existing needs should be met by whatever group is capable. Many persons in special populations reach chronological adulthood with absolutely no information on sexual functions. In many cases their behaviors are socially inappropriate. In other situations some of these people become easy prey for deviant elements in normal society. It is never too late for sex education. One needs only to select materials relevant to needs of the individual and then present them in appropriate and sensitive fashions.

Organizing Programs

Gathering Background Data

Most schools and school systems have at some time or other dealt with questions involved in establishing sex education programs for their students. First steps in implementing sexuality instruction should be to determine needs of students in this area and then assess what the school or school system already has to offer in the area. Sources of information include --

- . Specific guidelines on structuring sex education classes. Usually such guidelines are administratively developed and regulated by the state, school board, or high echelon personnel.
- . Curriculum guides containing information already approved and used in the school system. Even if such guides are not appropriate to age and level of students in question, they can provide starting points and be valuable resources.
- . Personnel working already with sex education programs in the school or school system. Look to departments of health, physical education, home economics, biology, and sociology for assistance from fellow teachers, supervisors, or administrators.
- . Parent groups knowing about things done in the past with other children in their families or in classes taught in other schools.

Early in surveying a local setting contact the administrator responsible for the particular group of students to be involved in the proposed program. In few, if any, school systems can a teacher implement a sex education program without administrative approval. Principals can be valuable resources for information about programs in other schools.

Find out as much as possible about each program or situation encountered including --

- . Student populations.
- . Student groupings.
- . Parental involvements.
- . Content.
- . Resources.
- . Time allotment.
- . Staffing.
- . Problems.
- . Student, parent, and staff reactions.
- . General evaluation.

Information of this type can be valuable when programs are initiated from scratch. Be sure to note specific rules the school or school system has about teaching sex education. In some places failure to follow these rules can cost a teacher his/her job. More importantly these rules generally reflect attitudes of the community in which the child is expected to function. Though a teacher might not agree with established guidelines, they should be adhered to or changed through appropriate channels since such guidelines reflect standards that part of society has established for its youth.

Determining the Specific Population

Early in planning, the student population to be taught must be determined. Ideally a curriculum should be established for kindergarten through twelfth grades, ages five through twenty-one. However in many situations sex education in elementary grades is incidental and related to other subject areas. Formal instruction often begins in middle, intermediate, or junior high schools when students are about age ten or eleven; not until senior high school are concentrated efforts seen in the development of sex education programs. Part of this is due to waiting for maturity; elementary school children do not have physical or mental maturity of senior high school students. A great deal of the ground work for senior high school sex education programs is laid in elementary school science classes where animal reproduction is discussed, in social studies where family groupings are examined, in health education classes where personality development and making choices are dealt with in units on mental health, and in activities in which children learn more about their bodies through study of anatomy.

A prime criterion for inclusion in a class on sex education should be needs of students. Does an individual need to be in this particular class at this particular time in his/her life? Needs may be physiological, psychological, emotional, social, or physical. Needs can be perceived by student, teacher, parent, school nurse, or school social worker. If there is need for a student to receive instruction in sex education then the student should be there. The teacher must make learning as appropriate and meaningful as possible through adapting materials to special educational needs of each child.

Ideally, students should be involved in these programs before problems or crises arise...

- ...prior to onset of menstruation;
- ...before having wet dreams;
- ...so as to know what to do if approached in a sexual fashion;
- ...being able to deal with feelings never before experienced when they occur;
- ...understand why not to masturbate in public; and
- ...know how pregnancy occurs and steps to take against it happening.

Involving Parents

Because of the nature of subject matter, parents should become aware of and involved with their child's sex education instruction. If a school has established policies for sex education instruction, provisions for parental involvement have probably been included. If not, parental involvement can be obtained in several ways --

- . Sending a letter notifying each parent that his/her child will be included in a sex education class; a permission slip may or may not be attached to the letter.
- . Offering parents opportunities to become involved in the sex education program by...
 - ...serving on committees to help plan the program, review materials, and/or evaluate the program;
 - ...acting as resources for teachers or as speakers for the class-- particularly if a parent happens to be a doctor or nurse or works in a field related to sex education; and
 - ...helping make audio-visual materials--taping books for blind students or simplifying drawings for classroom use if the parent has artistic talents; few special education materials in this area are available commercially.
- . Contacting parents through meetings, telephone calls, or letters to keep them informed about progress of the class in general and any particular problems their sons or daughters may be having.
- . Soliciting suggestions and comments from parents regarding their reactions and reactions of their children to subject matter being taught.
- . Allowing parents to attend with their sons or daughters some or all class sessions.

No matter what the means, parents need to be kept informed about what is taking place and feel part of the effort. The home environment is extremely influential in a child's life so that the entire family needs to be involved in the sex education program.

Determining the Curriculum

What to teach and what not to teach have been great controversies in sex education. Factors such as ages, developmental levels, and social maturity of students; knowledge and attitudes of teachers and parents; general attitudes of society; and materials available all influence these decisions. Even after the basic curriculum has been decided, questions arise about how much depth should be gone into on a particular topic. Overriding factors should be age, needs, and capabilities of students. For example, study of anatomy in first grade--naming body parts such as arms, legs, elbows, and shoulders--is a lot different from study of anatomy in seventh grade--learning specific names for genitals such as penis and vagina. Influencing factors vary with each individual, each class and every school.

The following chart lists topics which may be included in a sex education curriculum. Topics have been bracketed to indicate possible school levels or ages where they might be appropriately introduced through the formal sex education instructional process. Determining factors of what should be included in such classes at any particular point in time are anticipated needs of each student during the coming school year. A basic premise of contemporary sex education is prevention--providing students with information, promoting appropriate attitudes, enhancing personal control, and facilitating good judgment so problems do not occur and responsible self-actualizing behavior results.

Curriculum Outline

Senior High School--Grades 9 to 12 Ages 14 to 21 Adults	Middle and Intermediate School Grades 6 to 8 Ages 10 to 13	Elementary School--Grades K to 5 Ages 5 to 9	I. <u>Who are you?</u> A. Your anatomy--body parts. B. Your personality--likes, dislikes, feelings. C. Your relationships with others--family, peer groups, teachers. II. <u>What makes a family?</u> A. Roles in the family. B. Types of families. 1. Two parent. 2. Single parent. 3. Adoptive. 4. Step parent. 5. Foster parent. 6. Extended. 7. Guardian. 8. Advocate. III. <u>Reproduction in animal families.</u> A. Normammals. B. Mammals.
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Senior High School--Grades 9 to 12	
Ages 14 to 21	
Adults	
	Middle and Intermediate School--
	Grades 6 to 8
	Ages 10 to 13

IV. Human growth and reproduction.

- A. Male and female anatomy.
- B. Physiological changes in puberty.
- C. Menstruation.
 - 1. Physiology.
 - 2. Self-care and hygiene.
- D. Seminal emissions and wet dreams.
- E. Masturbation.

V. Reproduction.

- A. Reproductive process.
- B. Intercourse.
- C. Conception.
- D. Prenatal growth.
- E. Birth.
- F. Nursing.
- G. Factors influencing fetal development.
 - 1. Nutrition.
 - 2. Medical care.
 - 3. Drugs, alcohol, tobacco.
 - 4. Genetics.
 - 5. Radiation, toxins, and chemical waste products.
- H. The new baby.
 - 1. Normal.
 - 2. Impaired.
 - 3. Multiple births.

VI. Control of reproduction.

- A. Family planning.
- B. Contraception.
- C. Sterilization.
- D. Abortion.

VII. Related sexual concerns.

- A. Premarital sex.
- B. Illegitimacy.
- C. Venereal diseases.
- D. Promiscuity.
- E. Prostitution.
- F. Pornography.
- G. Rape.
- H. Incest.
- I. Homosexuality.
- J. Extramarital sex.

VIII. Community resources

- A. Planned parenthood.
- B. Family crisis centers or telephone lines.
- C. Rape treatment centers.
- D. Free clinics.
- E. Genetic counseling.
- F. Information lines.
- G. Abortion counseling.

School levels or ages indicated for introducing these topics are only suggestive. Because of student individuality and the variety of personal factors influencing appropriate time to introduce specific topics, some students need information before suggested age or grade levels, while others do not need these exposures until later than indicated. These variations may be even greater among students with handicapping conditions than among able-bodied students. While the topical sequence or progression will usually be adhered to, teachable moments must not be overlooked or ignored in this area. This curriculum outline is a flexible guide that must be implemented with understanding of and sensitivity to each student's interests and needs.

Any of these topics can come up spontaneously at every age and developmental level. An experience a child has at home, something seen on television, or observed on the street can make a child aware of something not understood so that questions or comments result. The teacher should first determine exactly what the child wants to know, and then answer that question as accurately and simply as possible. Many people make the mistake of reading more into children's questions than is really intended so that the answer, or worse yet, the put off do nothing to meet needs of that child.

Whether all topics listed are included in formal sex education is the choice of the individual school or teacher. In many cases topics on the list are covered in other parts of the curriculum; if that instruction has been recent, it may be merely a matter of review. It is important to note that menstruation and reproduction are not first topics on the outline. All too many programs make the mistake of not first laying a firm foundation to help a child understand him/herself as a complete person. Ultimately each child has to function as a decision making adult in regards to his/her own sexual functioning--even if that only means a nursing home resident saying no or pushing away someone who makes improper advances. Everyone, including individuals with handicapping conditions has to understand him/herself as a person first and as a sexual person second.

What is finally chosen for the curriculum should follow some logical sequence and build on previous knowledge. For example, some children who do not know parts of their bodies may have a difficult time understanding what specific body parts do. Understanding contraception relies on some concept of how conception occurs in the first place. While the final curriculum package should be sequential, teachers and leaders must be sensitive to needs of students and when to deviate from the sequence to capitalize on teachable moments. Flexibility, knowledge of subject matter, and knowing students as individuals when tempered with professional experience and personal expertise are important ingredients to success in these programs as in any other positive and effective learning-teaching situation.

Specific factors which influence structuring curricula for classes and individual students include --

- . Chronological age of the student. How close is the student to puberty?
- . Mental age of the student. How much is he/she capable of understanding? On what level should a particular topic be approached?
- . Social age of the student. Are the student's behaviors appropriate and acceptable for his/her age and environment?

- . Interest and/or need to know expressed by the student. What questions is he/she asking?
- . Additional sex related experiences in the student's life. Has the child had a sexual encounter or is one potentially possible? Is someone they know pregnant?
- . Attitudes and desires of parents. How do parents feel about sex education for their child?
- . School system regulations and guidelines. What sex education is allowed in the school or class in question?

Selecting Materials

After the curriculum has been determined it is necessary to find materials which enhance teaching of that curriculum. These materials may be in the form of books, articles, brochures, monographs, pictures, film strips, slides, movies, videotapes or cassettes, audiocassettes or records, charts, transparencies, opaque projections, or models.¹ The first step in selecting resources for a particular situation is in finding out if the school or school system has a list of approved--or not approved--materials. This gives the teacher a place to start. If the school has such a list then it probably also has a method for reviewing materials to decide what is and what is not suitable for use. In such cases teachers must follow established procedures. If the school does not have such a list or does not have specific procedures for selecting materials then such a system should be devised and followed.

Because sex education is a controversial issue in many communities, and because so many factors influence selecting curriculum materials, more than one person should be involved in the selection process. A committee of five or six people--any larger becomes unwieldy--should review suggested materials and make recommendations as to suitability of each item for groups in question. Review committees may contain representation of --

- . Classroom teachers.
- . Health educators.
- . Administrators.
- . School counselors.
- . Supervisors.
- . Parents.
- . School nurses.
- . Social Workers.

¹Listings of (1) books and printed materials, (2) audio-visual materials, and (3) community resources are provided in this publication starting on page 18.

- . School psychologists.
- . Occupational therapists.
- . Physical therapists.
- . Speech and language therapists.
- . Rehabilitation counselors.
- . Physicians.
- . Health department personnel.
- . Red Cross educational services staff personnel.
- . Hospital personnel.
- . Students themselves.

Ultimately the administrator must decide what should and should not be used in sex education instruction. That individual sits on the review committee.

The following factors should be considered when evaluating materials --

. Specifics about materials:

Are authors of good authority?

Are materials accurate?

Is presentation in good taste?

Are materials up to date?

Do materials appear to represent current society?

Are written content, pictures, and other graphics acceptable to community standards?

Have materials been approved or endorsed by recognized national associations and/or professional groups?

Are materials biased?

. Considerations about use of materials:

Are materials for teachers? Students? Both?

For what functional levels are materials intended?

How must materials be used to be understood? Is reading required?
Is object manipulation necessary?

How much and what types of lead-in and follow-up activities are needed?

Have materials been used in similar schools or settings?

Are materials easy for students to use?

Are materials easily understood?

Are materials designed for a special population?

Are materials intended for segregated or coeducational use?

Are materials to be used with or without parental consent?

Does content of materials meet objectives of parts of the course in which they will be used?

It is quite possible that individuals on a review committee will not agree on every piece of material evaluated; standards for individual acceptance vary greatly. What is important is not what a particular committee member would select, but what the group as a whole thinks acceptable and appropriate for students in question. When selecting materials, special learning devices students use must be considered to be sure materials are available in necessary special formats including --

- . Audiocassettes and phcnograph records for blind and partially sighted students.
- . Talking book materials for blind students.
- . Braille materials for blind students.
- . Large print materials for partially sighted students.
- . Models for blind students and others needing these concrete experiences.
- . Knowledge of necessary sign communication symbols for deaf students.
- . Knowledge of bliss symbols for speech impaired students who use this communication system.
- . Films and other audiovisual materials with special or no sound tracks for mentally retarded and learning disabled students.
- . Voice synthesizers for individuals without speech, whatever the causes.
- . Optacons and Carswell speakers for blind students.
- . Materials developed, written, and produced by persons with handicapping conditions.
- . Materials with content sensitive to and appropriate for individuals with physical and orthopedic conditions.
- . Materials to which special population can relate through pictures and other graphics of individuals with handicapping conditions.

Staffing

Curriculum guides, resource texts, and audiovisual materials are only as good as teachers who use them--selecting a teaching staff is most important. If at all possible both male and female teachers should be involved in the instructional process in coeducational classes. Additional considerations for teaching in this curricular area include --

- . Willingness to teach this particular unit of study. A teacher who does not want to participate, for whatever reason, probably will not do a very good job and should not be forced to do so.
- . Being comfortable with the general topic. A teacher who is comfortable with the topic does a much better job than one who is embarrassed by it.
- . Willingness to explore topics and learn about areas of human sexuality with which he/she is not familiar. Few adults have had advantages of good sex education programs themselves. As a result even experienced teachers often find themselves needing to up-date or enlarge their information.
- . Ability to adapt learning materials to individuals with handicapping conditions being taught. Little of quality has been developed specifically for mentally retarded, deaf, blind, learning disabled, or physically involved students. Materials designed for able-bodied students must be used--often in altered formats or simplified presentations.
- . Sensitivity to teach this unit of study without interjecting personal attitudes, biases, and morals.
- . Specific preservice and/or inservice experiences in health education in general and sex education in particular.
- . Appropriate course work for and/or experiences in working with special populations.

Teaching Time

Sex education cannot be a hit or miss project. Quite simply it is important enough to necessitate a regular place in the curriculum. Classes should be held at scheduled times and not left for days when a few minutes are left over. Over a period of time sex education should be taught at elementary, middle/intermediate/junior high school, and senior high school levels with the curriculum becoming progressively more complex as intelligence and maturity of student increase. When students leave school they should do so with healthy attitudes about their bodies, their sexual functioning, and knowledge of where to go for additional information or help if needed. To accomplish these goals, most efficiently and effectively, sex education should be an integral part of health education classes, not separate isolated courses in themselves.

Implementing Programs

Student Groupings

When implementing sex education programs decisions must be made as to how students are grouped for instruction. The majority of instruction can and should take place in coeducational classes. However experience has shown that some students feel more comfortable when information in Unit IV--Human Growth and Reproduction (refer to outline on page 9)--is taught in segregated groups--girls with a woman teacher and boys with a man. Both groups can be taught the same basic curriculum with variations only in sections dealing with personal hygiene. At the conclusion of that unit the two groups can be combined for remaining classes.

It is also helpful when classes consist of students of the same relative mental age and social maturity. This makes it easier for instructors to select and, if necessary, modify materials. Keep the total group size small enough to enable everyone to ask questions, and participate in discussion and role playing sessions.

Methods of Presentation

Any or all of the following techniques can be used to involve students in learning about their own sexualities. Particular methods chosen depend upon specific parts of the curriculum being taught, learning modes most effective for students involved, and available materials.

- . Lectures--probably the least effective technique, particularly with students having special learning needs. If necessary to use lectures, keep them short, to the topic, and in easy to understand language.
- . Hands on experiences--actually doing or practicing what is being learned--i.e., for girls it might be actually putting on a sanitary napkin--in privacy with just teacher, mother, or nurse to help; for both sexes it might be diapering a baby.
- . Special projects--for example, caring for a hard boiled egg as if it is a baby. Faces are painted on eggs which are wrapped in small blankets and then presented to their new parents. The student parent cares for the baby for one week--see that the baby is kept safe, clean, and under supervision.
- . Role playing--acting out real life situations. Particularly when studying personal relationships, role playing gives students opportunities to try out different behaviors and responses in situations where they can get helpful feedback on how their decisions work out. This technique is not used frequently enough, especially with mentally retarded and physically involved students who as groups may have had little in the way of real life peer group experiences.
- . Speakers--most students enjoy having someone besides their regular teachers come to class. In addition to speakers from the health professions many teachers have found it helpful to have adults with handicapping

conditions come and speak about what it is like to be impaired or disabled and face some problems of adulthood--including marriage and raising families. No matter who the speaker, each should know ahead of time the type of class to which he/she will be speaking so that presentations can be planned accordingly.

- Field trips--visits to clinics, hospitals, planned parenthood offices, genetic counseling services, and day care centers help individuals get more realistic ideas of what these particular services are all about, in addition to letting students know that such agencies exist if their services are ever needed.
- Decision making situations--similar to role playing except participants are forced to make decisions about what to do in given situations. Then consequences, both good and bad, of each decision are discussed by the entire group. Learning the decision making process is a valuable experience for each student.
- Tests and grades--probably least important parts of units--most students participate out of interest. It is hoped that individuals feel free enough in participating to make mistakes and ask questions without fear of failure or low grades. If a grade must be given a good base is sincere participation. Written and oral tests should focus on determining success of instruction and possible need for review of a particular topic rather than grading.
- Discussions--allow for greatest participation by students. Teachers should try to develop an atmosphere where students feel they can ask any question without embarrassment. All comments and questions should be treated with respect and attempts made to allow students to answer as well as ask questions. If a teacher does not know the answer to a question or does not have information about a topic that comes up, he/she should not hesitate to say so and then check information for the next class period.
- Audio-visual materials--can be very important teaching tools as long as the teacher realizes they are intended to supplement and complement the educational process directed by the teacher. They should never be considered a complete lesson, but rather used with appropriate lead-in and follow-up teaching. Some audio-visual materials can also be used for individual study or review by students needing additional help. Specific audio-visual materials include --
 - ...Films. Easiest to handle as sound and picture are in one package; have potential for slow motion and stop action to discuss a specific illustration or scene; can turn off sound track and do own narration when necessary and appropriate.
 - ...Filmstrips. Some are captioned and require either narration by the teacher or reading ability on the part of viewers. Others come with cassettes which are easy for students doing independent studies to set up.
 - ...Records. Few are available in the area of sex education. However those that can be found are good resources for blind and partially sighted students.

- ...Transparencies. In this subject area transparencies provide home made resources. Often drawings in text books are complicated and difficult to understand for learning disabled students. Such drawings can be traced onto transparencies in several layers. Then in class students are shown one layer at a time with additional layers added until drawings are understood.
- ...Opaque projections. Allows teachers opportunities to (1) use color pictures and other materials from resource books without having to get copies for each student or (2) hold small pictures up in front of the class.
- . Models--particularly valuable for blind students as they provide three dimensional views rather than flat appearances found in most pictures.

Teaching Hints

No matter what methods of presentation are used, the following suggestions should be helpful --

- . Become familiar enough with materials to be comfortable with them.
- . Use correct terminology and correct spelling. When street language comes up use it as an opportunity for learning correct terms. This might mean that students also have to learn meanings of the word slang to help differentiate between the two categories of words.
- . Avoid answering individual questions for which all pertinent information is not available. For example, if an individual student asks, "If I have a catheter can I still father children?" tell him this is something to discuss with his own doctor because of medical information about his own condition that is necessary to provide an exact response.
- . When discussing babies born with handicapping conditions. Speak in general terms. Do not relate this or give specific examples involving members of the class. Answer questions about handicapping conditions not about specific students. Keep in mind that this may be the first time some students are getting factual information about what is wrong with them and what may have caused their conditions.
- . Answer student's questions simply and factually. If you don't know an answer say so and tell students you will look it up and tell them next time--and then do that. Encourage students also to look up and seek answers to such questions.
- . Refer certain types of parent requests to the administrator in charge. This individual is in a better position to be aware of the entire situation--such things as previewing materials and visiting classes, require preparation on the part of the school to meet needs of parents most effectively.
- . Be sure all resources brought from outside the school are screened by the appropriate committee before being used.

About vs. How To

Because limited experience is often one characteristic of individuals with handicapping conditions it is often necessary to teach about topics a teacher does not necessarily wish students to participate in immediately. An example is masturbation. Some students in class have never masturbated, seen anyone else masturbate, or know what the word means. Other students may know what it means, masturbate in private (appropriate behavior), or masturbate in public (inappropriate behavior). In the course of the class all students learn about masturbation. Hopefully students who used to masturbate in public will confine their activities to the privacy of their own bedrooms or bathrooms. But also students who knew nothing about masturbation may now try it as a result of information learned in class. The teacher might then be accused of having taught the child to masturbate!

Obviously this was not the intent of the class. However sometimes in the process of teaching about, a child learns to do. The teacher should be aware of this potential and take care that students are made aware of appropriate and inappropriate behaviors and situations in their environments.

Resources

The following resource list is divided into three sections--(1) books and printed materials, (2) audio-visual materials, and (3) community resources. Attempts were made to include only items copyrighted since 1970; it was felt that materials prepared before that date were already easily available in libraries and on bibliographical lists. Most school systems have a good supply of films made during the 1960s; these materials are generally well known and fairly easy to obtain.

Inclusion in this list does not indicate recommendation or endorsement by either the author or the American Alliance for Health, Physical Education, Recreation, and Dance. This listing merely provides readers with information about materials. Readers are responsible for being sure materials are evaluated in appropriate ways before they are made available to and/or used with students. No materials should be used without teacher preview, and unless they are already known to the school or school system, they should not be used without committee review.

Listings marked ** relate specifically to special populations.

Books and Printed Materials

- **American Alliance for Health, Physical Education and Recreation, and Sex Information and Education Council of the United States. A Resource Guide in Sex Education for the Mentally Retarded. Washington, D.C.: AAHPER, 1971.
- **Bass, Medora. Developing Community Acceptance of Sex Education for the Mentally Retarded. Hempstead, New York: Sex Information and Education Council of the United States, n.d.
- Bernstein, Anne. The Flight of the Stork. New York: Dell, 1978.

- Blanzaco, Andre. VD: Facts You Should Know. Glenview, Illinois: Scott Foresman, 1977.
- Burleson, Derek L. and Barbash, Gary. Film Resources for Sex Education. New York: Human Sciences Press, 1976.
- Cornacchia, H. J. Venereal Diseases. Chicago: Lyons and Carnahan, 1966.
- Craig, H. T. Thresholds to Adult Living. Peoria, Illinois: Bennett, 1976.
- DeSchweintz, Karl. Growing-Up. New York: Macmillan, 1974.
- **Dickman, Irving R.** Sex Education and Family Life for Visually Handicapped Children and Youth. Hempstead, New York: Sex Information and Education Council of the United States and The American Foundation for the Blind, 1975.
- **Dickman, I. R.** Sex Education for Disabled Persons (Public Affairs Pamphlet No. 531). New York: Public Affairs Committee, 1978.
- Elgin, Kathleen. Twenty-Eight Days. New York: McKay, 1973.
- Family Life Education Program. Chicago: Follett Publishing Company, 1969.
- **Fischer, Henry L.** Sex Education for the Developmentally Disabled -- A Guide for Parents, Teachers, and Professionals. Baltimore: University Park Press, 1974.
- **Gendel, Evalyn S.** Sex Education of the Mentally Retarded Child in the Home. New York: National Association for Retarded Citizens, n.d.
- **Gordon, Sol.** Facts About VD for Today's Youth. New York: John Day, 1973.
- Gordon, Sol. Let's Make Sex a Household Word: A Guide for Parents and Children. New York: John Day, 1975.
- Hofstein, Sadie and Bauer, W. W. The Human Story: Facts on Birth, Growth, and Reproduction. Glenview, Illinois: Scott Foresman, 1977.
- **Hopper, C. E. and Allen, William.** Sex Education for Physically Handicapped Youth. Springfield, Illinois: Charles Thomas Publishers, 1980.
- "Human Sexuality Supplement" to Current Health and Current Lifestudies (Periodicals). Highwood, Illinois: Curriculum Innovations.
- **Informational Resources Staff.** A Bibliography of Resources in Sex Education for the Mentally Retarded. Hempstead, New York: Sex Information and Education Council of the United States, 1973.
- Johnson, Corinne. Love and Sex and Growing-Up. New York: Lippincott, 1977.
- **Journal of Sexuality and Disability**. New York: Human Sciences Press (72 Fifth Avenue).
- Julian, C. J. and Jackson, W. N. Modern Sex Education. New York: Holt, Rinehart, Winston, 1967.

- Lehrman, Robert. Reproduction of Life. New York: Basic Books, n.d.
- Nelson, Jack. Teenagers and Sex. Englewood Cliffs, New Jersey: Prentice Hall, n.d.
- Nilsson, Ennart. How Was I Born: A Photographic Story of Reproduction and Birth for Children. London, England: Penguin Books Ltd., 1975.
- **Packet E. Sex and the Handicapped. Hampstead, New York: Sex Information and Education Council of the United States, n.d.
- **Personal Development and Sexuality: Curriculum Guide for Developmentally Disabled. Tacoma, Washington: Planned Parenthood, 1979.
- Perspective on Disease: Communicable Diseases. Milwaukee, Wisconsin: Milwaukee Public Schools, 1976.
- Pounds, E. T. and Fricke, I. B. Beginning the Human Story: A New Baby in the Family. Glenview, Illinois: Scott Foresman, 1977.
- Pomeroy, Wardell B. Your Child and Sex: A Guide for Parents. New York: Dell, 1974.
- Purdy, C. O. and Kendzierski, S. Understanding Your Sexuality. Glenview, Illinois: Scott Foresman, 1980.
- Riker, A. P. and Brisbane, H. Married Life. Peoria, Illinois: Bennett, 1979.
- Riker, A. P. and Riker, C. Me: Understanding Myself and Others. Peoria, Illinois: Bennett, 1977.
- Riker, A. P. and Riker, C. Finding My Way. Peoria, Illinois: Bennett, 1979.
- Sasse, Connie. Person to Person. Peoria, Illinois: Bennett, 1978.
- Schulz, David. Human Sexuality. Englewood Cliffs, New Jersey: Prentice Hall, 1979.
- Self Incorporated. Bloomington, Indiana: Agency for Instructional Television, 1975.
- "Sex in the 80's." Family Health Magazine (Volume 12, No. 6) June, 1980.
- Sheffield, Margaret. Where Babies Come From. New York: Knopf, 1973.
- Showers, Paul. Baby Starts to Grow. New York: Crowell, 1969.
- Stevens, Carla. Birth of Sunshines Kittens. New York: Addison, 1969.
- Syracuse University. Sex in a Plain Brown Paper Bag. Syracuse, New York: Scotsman Press, Inc., 1976.
- Tampax Inc. Accent on Youth: From Fiction to Fact. Lake Success, New York: Tampax Inc., 1977.

Audio-Visual Materials

- **The ABC of Sex Education for Trainable Persons** (16mm, sound, color 20-minutes).
Hallmark Films and Recordings, Owings Mills, Maryland.

American Alliance for Health, Physical Education and Recreation and Association for Advancement of Health Education. VD Self-Awareness Project (16mm, sound, color)--(1)VD-Who Needs It!, (2) Next Time, and (3) Number 23. Babylon, New York, Film Modules Distribution.

Birth Day (16mm, sound, color, 45 minutes). Lawren Productions, Mendocina, California.

Curtis, L. R. If You're Pregnant and Not Married (Audio-cassette). Spenco, Waco, Texas.

Curtis, L. R. Just for Teenage Girls (Audio-cassette). Spenco, Waco, Texas.

Curtis, L. R. Menstruation -- That Time of the Month (Audio-cassette). Spenco, Waco, Texas.

Daniels, Stanley Z. Sex Explained for Children (Audio-cassette). Spenco, Waco, Texas.

Daniels, Stanley Z. Sex in Teens (Audio-cassette). Spenco, Waco, Texas.

- **Do It! Using Role Play to Teach Mentally Handicapped Persons** (16mm, sound, color, 20-minutes). Educational Division, Hallmark Films and Recordings, Owings Mills, Maryland.

Drakeford, J. W. Love and the Teenager (Audio-cassette). Spenco, Waco, Texas.

- **Fertility Regulation for the Mentally Handicapped** (16mm, sound, color, 20-minutes).
Hallmark Films and Recordings, Owings Mills, Maryland.

From Generation to Generation: Genetic Counseling (19:02 minute color filmstrip or slide set). National Foundation/March of Dimes, White Plains, New York.

Gordon, Sol. This is You: (1) Kids Who Have Kids are Kidding Themselves, (2) How Can You Tell If You Are Really in Love, and (3) Getting It Together is Life Itself (color filmstrips, cassettes, teacher's guides). Educational Activities, Freeport, New York.

Growing Up (16mm, sound, color) (1) The Story of Menstruation, (2) You and Your Feelings About Others, (3) Your Growth Toward Manhood, and (4) You and Your Feelings About Your Changing Body. Walt Disney Educational Media Company, Burbank, California.

- **The How and What of Sex Education for Educable Persons** (16mm, sound, color, 18-minutes). Hallmark Films and Recordings, Owings Mills, Maryland.

The Human Sexuality Learning Package (teaching cards, 35mm slides, audio cassette, teacher's guide). Hallmark Films and Recordings, Owings Mills, Maryland.

Inside My Mom (7:45 minute cartoon filmstrip or slide with cassette). National Foundation/March of Dimes, White Plains, New York.

**Johnson, E. W. and Johnson, C. B. Love and Sex and Growing Up (Talking Book--LP record). Lippincott, Philadelphia.

**Johnson, E. W. and Johnson, C. B. Love and Sex in Plain Language (Talking Book--LP record). Lippincott, Philadelphia.

**Kempton, W., Bass, M., and Gordon, Sol. Love, Sex and Birth Control for the Mentally Retarded--A Guide for Parents (filmstrip and record). Planned Parenthood of Southeastern Pennsylvania, Philadelphia.

Life Before Birth (20 slides with audio-cassette and booklet). Spenco, Waco, Texas.

**Like Other People (16mm, sound, color, 30-minutes). Perennial Education, Northfield, Illinois.

Methods of Birth Control (20 slides with audio-cassette). Spenco, Waco, Texas.

More Than Live (18-minute color filmstrip). National Foundation/March of Dimes, White Plains, New York.

Peck, C. Get in Touch With Your Emotions (color filmstrip, record/cassette, teacher's guide). Educational Activities, Freeport, New York.

Practical Consideration of Menstruation (20 slides, audio-cassette, booklet). Spenco, Waco, Texas.

Spence, W. Venereal Disease and Intersections (audio-cassette). Spenco, Waco, Texas.

The Story of Human Life (No. 1)--Grades 4-6 (color filmstrip, record/cassette, teacher's guide). Educational Activities, Freeport, New York.

The Story of Human Life (No. 2)--Grades 7-10 (color filmstrip, record/cassette, teacher's guide). Educational Activities, Freeport, New York.

There's A New You Comin' --For Boys (filmstrip and cassette). Photoart Visual Art Service Corporation.

There's A New You Comin'--For Girls (filmstrip and cassette). Photoart Visual Art Service Corporation.

Thompson, C. C. and Turner, U. G. Herpie--The New VD Around Town (color filmstrip, cassette, teacher's guide). Educational Activities, Freeport, New York.

Tomorrow Happens Today (19:25 minute color filmstrip). National Foundation/March of Dimes, White Plains, New York.

Whelan, E. M. Before You Decide to Have A Baby (audio-cassette). Spenco, Waco, Texas.

Community Resources

American Alliance for Health, Physical Education, Recreation, and Dance, 1900 Association Drive, Reston, Virginia 22091.

American Association of Sex Educators and Counselors, 5010 Wisconsin Avenue, N.W., Washington, D.C. 20016.

American School Hygiene Association, 1790 Broadway, New York, New York.

Dial-a-Mini Message, University of Wisconsin Extension Division, Milwaukee, Wisconsin.

Dial Harmony 2, Mental Health Association in Milwaukee County, 161 West Wisconsin Avenue, Milwaukee, Wisconsin 53203.

Kimberly Clark Corporation, Box 2001, Neenah, Wisconsin 54956.

Personal Products Company, Milltown, New Jersey 18850.

Pfizer Laboratories Division, Pfizer, Inc., New York, New York 10017.

Planned Parenthood-World Population, 810 Seventh Avenue, New York, New York 10019.

Public Affairs Pamphlets, 381 Park Avenue South, New York 10016.

Sex Information and Education Council of the United States (SEICUS), 84 Fifth Avenue, New York, New York 10011.

Tampax Inc., Lake Success, New York.

Tel-Med, Medical Tapes for Adults, Medical Society of Milwaukee County, Milwaukee, Wisconsin.